

IDOE School Improvement and Professional Development

Corporation Level Assurance Form Superintendent / Exclusive Representative Signatures

Corporation Number	
Corporation Name	

As **superintendent**, I verify that the individual professional development plans for all schools within the corporation align with the overall corporation's objectives, goals and expectations. (IC 20-20-31-6)

Superintendent Name (Print)	
Superintendent Signature	
Date Signed	

- If your school corporation has a single exclusive representative who has the authority to sign off for all schools, complete the following information.
- If your exclusive representative would prefer to sign for each individual school or if you have an exclusive representative responsible for each school, use the "**School Level Assurance Form**" and leave the following section blank.

The **exclusive representative** is required to demonstrate support "only for the professional development program component of the plan." By signing this form, I demonstrate my support for the professional development programs for **all schools within the corporation** listed above as they have been reviewed, revised, and submitted as part of the Strategic and Continuous School Improvement and Achievement Plan.
(511 IAC 6.2-3-3(10))

Exclusive Representative Name (Print)	
Exclusive Representative Signature	
Date Signed	

This assurance form must be **mailed** to the Division of Accreditation, Assistance, and Awards by **June 30, 2009**. The **DOE-RR and the 2009-10 Professional Development Plan – Grant Application** must be completed online.

Submit by mail to: Assurance Forms
Office of Accreditation and Awards
Indiana Department of Education
151 West Ohio Street
Indianapolis, IN 46204

Please contact the **Office of Accreditation and Awards** at 800-894-4044 or 317-232-9060 if you have any questions.